

CHARGE OF DISCRIMINATION

This form is affected by the Privacy Act of 1974; See Privacy Act Statement before completing this form.

AGENCY

CHARGE NUMBER

☐ FEPA
☐ EEOC

130 2005 05044

and EEOC

State or local Agency, if any

NAME (Indicate Mr., Ms., Mrs.)

REGINA GORAM

HOME TELEPHONE (Include Area Code)

256 825 6844

STREET ADDRESS

16 POINT CLOXSON

CITY, STATE AND ZIP CODE

JACKSONS GAP, AL 36861

DATE OF BIRTH

11-1-61

NAMED IS THE EMPLOYER, LABOR ORGANIZATION, EMPLOYMENT AGENCY, APPRENTICESHIP COMMITTEE, STATE OR LOCAL GOVERNMENT
AGENCY WHO DISCRIMINATED AGAINST ME (If more than one list below.)

NAME PLANTATION PATTERNS

NUMBER OF EMPLOYEES, MEMBERS

over 100

TELEPHONE (Include Area Code)

256395 2501

STREET ADDRESS

134 CLAY ST. WADLEY AL 36276

CITY, STATE AND ZIP CODE

COUNTY

Randolph

NAME

TELEPHONE NUMBER (Include Area Code)

STREET ADDRESS

CITY, STATE AND ZIP CODE

COUNTY

CAUSE OF DISCRIMINATION BASED ON (Check appropriate box(es))

☐ RACE ☐ COLOR ☒ SEX ☐ RELIGION ☐ AGE
☒ RETALIATION ☐ NATIONAL ORIGIN ☒ DISABILITY ☐ OTHER (Specify)
DATE DISCRIMINATION TOOK PLACE
EARLIEST (ADEA/EPA) LATEST (ALL)

4-08-05

☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

see attached affidavit

RECEIVED
EEOC

JUN 13 2005

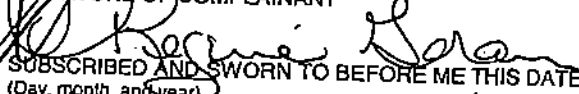
BIRMINGHAM DISTRICT OFFICE

I am filing this charge with both the EEOC and the State or local Agency, if any. I advise the agencies if I change my address or telephone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - (When necessary for State and Local Requirements)

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT


 SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE
 (Day, month, and year)

6/3/05 [Signature]

EX 4/22/07

I declare under penalty of perjury that the foregoing is true and correct.

Charging Party (Signature)

AFFIDAVIT OF
REGINA GORAM

My name is Regina Goram. I am executing this Affidavit in support of my claims of discrimination, American's with Disabilities discrimination, retaliation, and violation of the Family Medical Leave Act against my former employer, Plantation Patterns.

On or about October 9, 2000 I was hired by Plantation Patterns as a Counter Inspector in Quality Control. In March 2004 I was promoted to Payroll Coordinator.

On or about November 5, 2004 I was diagnosed with pleurisy (lung inflammation). I continued to work after being diagnosed. However, I soon contracted pneumonia and was required to miss approximately three days of work, per my doctor's orders and said days should have been covered by sick leave.

Due to my employer's persistent termination threats and calls, I returned to work against my doctor's orders. My pneumonia continued to worsen and caused me to become hospitalized for three weeks in December of 2004. These three weeks were covered by my sick leave which I had for the rest of the year.

On or about January 24, 2005, I was diagnosed with a degenerating gall bladder and was forced to schedule gall bladder surgery. On or about February 15, 2005, I underwent gall bladder surgery and was out on FMLA for approximately six weeks. My pay was cut twenty percent (20%) after my FMLA leave.

My former supervisor, Richard Covington, called and offered me a position in Pay Point Quality Control. This position required more hours and physical labor than my position as Payroll Coordinator. Upon returning to work on April 8th, 2005 I found that I had been terminated from my position as Payroll Coordinator and I was replaced by Bonita Denney. After my return from FLMA leave, I was not permitted to return to my position or to an equivalent position.

Upon receiving this notice of said transfer, I informed my employer that my disability (pleurisy) would not permit me to work in the environment which a Quality Control employee would be required to work. I also presented medical documentation and instructions from my treating physician prohibiting me from working in such conditions.

After submitting this information to my employer, I was terminated from the company. I was not allowed to return to the same job and I was never offered an equivalent position. I believe that I was retaliated against for requesting that reasonable accommodation be made for my disability and was retaliated against and terminated for demanding such.

A male employee, Bruce Halpin, was granted FMLA for over one (1) year and his pay was never cut. I believe I was discriminated against because of my sex.

I believe that my Family Medical Leave Rights were violated, as well as the protection which is afforded to my by

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BIRMINGHAM DISTRICT OFFICE

Respectfully submitted this 3 day of June 2005.


REGINA GORAM

STATE OF ALABAMA
COUNTY OF TALLAPOOSA

BEFORE ME, the undersigned authority, personally appeared REGINA GORAM, who, after first being duly sworn, deposes and says that she has read the foregoing and acknowledges that she has executed the same for the purposes therein expressed.

SWORN TO AND SUBSCRIBED before me this 3 day of June, 2005.

My Commission Expires:

4/22/07

Rossin Hill Neal
Notary Public, State of Alabama

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BIRMINGHAM DISTRICT OFFICE